



# **DESIGNING A LEAVE SHARING PROGRAM**

**Revised May 2002**

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**State of Colorado  
Department of Personnel & Administration  
Division of Human Resources**

Beginning May 1, 1990, the sharing of annual leave was approved on a trial basis. On March 11, 1991, statute was passed to permanently adopt the sharing of annual leave. Each department is authorized to develop its own leave-sharing plan within the parameters of statute and Director's Administrative Procedures. Leave sharing is for use in a catastrophic, life-threatening situation where leave and other benefits have been exhausted. It is not a substitute for leave or benefits such as Short-Term Disability.

The following information is intended to assist in the development of department leave sharing plans. Basically, establishment of a leave-sharing program involves a series of considerations or questions.

**TYPE OF PROGRAM.** There are two basic types of programs: direct donation and a leave bank. Direct donation or transfer involves soliciting contributions for a specific employee as the need arises. A leave bank involves a solicitation of contributions to a pool or bank of leave. Employees then apply to the bank. Both types of programs have advantages and disadvantages.

Bank	Direct Donation
Greater start-up effort.	Less start-up effort.
One-time solicitation.	Solicitation needed for each case.
Banked leave is readily available.	Lag time to collect leave.
Employees may object to blind donation.	Applicants may object to lack of anonymity.
Personal situation is relatively anonymous.	Employees may feel pressured to donate.
	Uneven distribution -- Apopularity contests.

If unsure of the type of program to establish, it may be helpful to do a quick poll to see what employees prefer. Be sure the differences between the two types of programs are explained. It is also effective to involve employees and managers in the design of a department's program. The leave sharing program plan should be communicated to all staff before implementation and whenever significant changes are made.

Regardless of the type of program established, certain criteria must be considered and issues addressed.

**DONATION.** The type of leave to be donated must be annual leave. Donations are voluntary.

< Frequency of donations. How often will donations be solicited or accepted? With direct transfer, donations are as frequent as the number of approved cases. With a bank, donations can be accepted continuously or the frequency can be limited to one time, periodically (e.g., every six months), or when the bank reaches the replenishment point.

< Solicitation of donations. Who solicits donations? Should it be done centrally or informally? Must the application be approved prior to soliciting donations? For example, in the case of direct transfer of leave, it is recommended that the application be approved before collecting leave.

- < Amount of donation. Should minimum and/or maximum amounts of donation be established? From research, the most typical minimum amount donated was one day (eight hours). It can be pro-rated for part-time employees. In either a direct transfer or a bank, a maximum was rarely found other than the donation cannot exceed the amount of accrued leave. It may be desirable to encourage employees to retain some leave for their own use; however, this may not be an issue with annual leave. One example of a maximum donation could be that an employee may donate any amount at or above eight hours as long as a five-day balance remains after donation.
- < Excess donations. How will excess donations be dealt with? This is generally not an issue for a bank because donations go into a pool and only the amount approved is awarded with any unused time returned to the bank. In the case of direct transfers, it is possible to get more donations than needed. There are several ways to deal with the excess: donations are accepted as received and once the required amount is obtained, further donations are not accepted; hold the excess amount for transfer to the next case (probably requires a bank); or, refund the excess amount on a pro-rated basis to all donors, e.g., excess hours ) number of donors.
- < Bank replenishment. At what point are more donations solicited for a bank? One way to handle the issue is to simply accept cases until the bank is "broke." However, this means that the bank may not be available to serve worthy cases. Many banks establish a replenishment point that triggers the solicitation of further donations. Some ideas for replenishment points include: (1) the amount of the maximum award for any given case, e.g., if three months is set as the maximum amount of an award, when the bank reaches three months, more donations are solicited; (2) a set number of months or hours, e.g., 1440 hours or six months; (3) a formula such as two times the number of donors or the number of donors times the minimum donation, e.g., 100 donors x 2 = 200 hours, 100 donors x 2 x 8 hours (minimum donation) = 1600 hours, or 100 donors x 8 hours (minimum donation) = 800 hours.
- < Process and Forms. What procedure and form will be used for donations? A donation form should be designed which the employee must sign. It is kept in the employee's file like other leave records. At a minimum it should include name, social security number, hours to be donated, signature, and a place for the department to certify the debit. Someone needs to verify that the donor has sufficient leave accumulated to cover the number of hours donated. Sample forms for a bank and direct transfer are attached for illustration.

**ADMINISTRATION.** The executive director or college/university president is responsible for approving the establishment of a leave-sharing program in a department. The authority to decide on specific applications can be delegated to another high-level management position if approved in advance by the state personnel director (or delegated person).

- < Review Committee. The department may wish to establish a committee to make recommendations to the department head on applications. How is a committee set up? A committee should be small

with an odd number of members, generally three or five. The members can be appointed or elected. Elections are more complicated due to the administrative processes. Appointments are typically made according to position. For example, members may include:

- a position involved in administration of the state personnel system who is familiar with leave options and benefits programs;
- a position capable of understanding the health aspects of a case; and,
- positions representing management and an employee council.

< Record keeping. Who keeps what records? Some of the considerations include determining the type or record based on the nature of information being collected, e.g., personnel files, separate secured medical files, bank files, employee and supervisor copies, etc. Be sure to consult the department's records custodian when establishing procedures for the storage, security, and access of leave sharing information. Determine who will inform employees of the program. Determine who will distribute and compile forms, keep actual leave records, compile hours donated, etc. If contributions are needed from an outside department, will they be handled as the need arises or through agreements set up with specific agencies ahead of time? Who will complete the annual report to the state personnel director? Keeping automated records may be helpful.

< Guidelines. What guidelines are needed to assist in the approval process of applications? While cases will be decided on their specific merits, some guidelines should be established to assist the decision makers. It is also recommended that these guidelines be published so employees are aware of the parameters within which the program operates and decisions are made. Illustrative samples appear at the end of this report. Some considerations follow.

- Applications must be made for reasons under the purpose of the program. Leave sharing was created for catastrophic situations, such as major life threatening crisis. Thus, the nature of the illness or injury will need to be examined on a case-by-case basis. Leave sharing is a privilege. It is not meant to replace or duplicate other benefits. It is the "court of last resort." For example, it is not to be used to supplement Short-term Disability (STD) payments as it must be reported and reduces or delays the benefit accordingly. Likewise, it was not intended to be another form of paid leave to cover the STD waiting period.
- Conditions under which applications can be denied (aside from the nature of the individual situation), e.g., pattern of sick leave abuse as reflected in leave records, incomplete or inaccurate applications, ineligibility, refusal to supply requested information, etc.
- Additional factors that may be considered, e.g., tenure and performance.
- Discretion of the decision maker in approving or denying a request.

- Amount of time that may be granted, including any maximum amount of an award. For example, no award will exceed three months.
- Leave sharing is meant to cover only the duration of the illness or injury for which it is granted. If the situation ceases or the employee terminates/retires, what happens to any unused portion of awarded leave? It cannot be part of any final leave payout. In the case of a bank, it is relatively easy -- the excess is returned to the bank. In the case of direct donation, several options are available, including forfeiture, refund to donors on a pro-rated basis, or transfer to another case.
- The point at which awarded leave begins, e.g., date awarded, retroactive to the time leave-without-pay began for the illness or injury, etc. The retroactive option was found most often due to processing time and the requirement to exhaust all leave before applying for leave sharing. Given the nature of leave sharing, if the employee is eligible, the event should qualify for family/medical leave.
- Whether to permit "cross over" transfers in agencies with classified and non-classified employees.

**APPLICATION.** In terms of eligibility to apply, the employee must have a minimum of one year of service and have exhausted all annual and sick leave. Any shared leave that is granted must be counted concurrently against the family/medical leave entitlement. The application may be for personal need or an immediate family member (as defined under sick leave provisions). In the case of a bank, it should be decided if prior donation of leave by the applicant is required or will be given preference. Like insurance, only those contributing to the "pot" would be eligible if such a criterion is used. This may disallow potentially worthy cases; however, without prior contribution as a "membership" requirement, there may be little impetus to donate.

- < Amount of awarded time. Is there a maximum amount of time that will be granted or is it unlimited? A limit of three months per fiscal year was the most common range found.
- < Grounds for refusal of applications. What are the legitimate grounds for a supervisor's refusal to allow acceptance of the leave? For example, pattern of sick leave abuse only? Budget problems such as the financial ability to hire temporary help for essential positions? Size of the operation and workload?
- < Process and forms. What procedure and form will be developed for applications? An application form should be designed which the employee must sign. Again, be sure to consult with the department's records custodian. It should include a description of the nature and severity of the illness or injury, the amount of time requested, certification by the employee that the conditions and requirements of leave sharing are understood, certification that accrued leave has been exhausted, and approval by the supervisor that the employee will be allowed to use any awarded leave. Applications will need to be kept in the employee's secure medical file. Certification by a health care provider will be needed at some point. It may be part of the application form or could be

obtained with the medical certificate, Short-term Disability application, or worker's compensation documentation. Instructions, including whether any supporting documents are necessary or will be considered, is helpful. Sample forms for a bank and direct transfer are attached for illustration.

This information is meant to provide general guidelines on how leave sharing is established. The attached documents are for illustration and can be used to the extent desired. A current copy of a department's leave sharing policy is to be kept on file at the Department of Personnel & Administration. If further information or assistance would be helpful, please contact the Statewide Work-Life Coordinator at (303) 866-2455.

## **Sample**

# **ANNUAL LEAVE SHARING DIRECT TRANSFER PROGRAM**

## **PURPOSE**

To establish a means to voluntarily transfer annual leave to a qualifying employee experiencing a catastrophic medical hardship, either personally or by an immediate family member. Leave sharing is intended to provide some income protection when the employee will be absent from work for a prolonged period of time and has exhausted all annual and sick leave and other benefits.

A catastrophic illness or injury is one that poses a threat to life and requires inpatient, hospice or residential health care, such as cancer, major surgery, serious accident, heart attack, etc. Normal pregnancy, common illness, and illness or injury covered by Short-term Disability, PERA, or Worker's Compensation are excluded. This program is not intended to cover cases of abusive leave usage. Note: Any shared leave that is granted will be counted concurrently against any family/medical leave entitlement.

## **APPLICATION FOR LEAVE**

An employee with a minimum of one year of service is eligible to apply for use of transferred leave. Application may be made for personal or immediate family member need. For purposes of the leave transfer program for immediate family members, preference will be given to a child, parent, or spouse requiring the employee's direct care.

The applicant must have exhausted all annual and sick leave before applying for transferred leave.

Application must be made on the appropriate form provided by the department's human resources office. The application must be approved by the requesting employee's supervisor prior to submission.

## **GOVERNANCE**

The executive director shall approve or deny applications. *(If approved in advance by the state personnel director, this authority may be delegated so the designated position should be named here.)*

Decisions are based on the merits of each individual case using the following guidelines.

- < Requests must be for reasons listed under the purpose of the program, e.g., seriousness of the illness or injury, exhaustion of leave, availability of other benefits, etc.
- < In addition to the merits of the case, requests may be denied for a pattern of sick leave abuse as shown by documentation, incomplete application, refusal to supply requested information, or ineligibility.

- < Tenure and performance may be considered as documented by performance and employment histories.
- < Application does not require approval of the request. Non-selection is not a determination that the situation is not a personal emergency.
- < The applicant and/or supervisor may be contacted to obtain information regarding the request or invited to present the case.
- < The decision to approve or deny the application is final and not subject to grievance or appeal.
- < All or any portion of the requested time may be granted.
- < In cases where the situation ceases to exist or the employee terminates/retires, any unused portion of the awarded leave is forfeited.
- < Awarded time may be applied retroactively to the beginning of the leave-without-pay period for the illness or injury for which it was granted.
- < Personnel procedures that apply to paid leave apply to use of awarded time except that it is not part of the final payout for retirement or termination. For example, donations are from annual leave but are recorded as sick leave for the recipient.

## **CONTRIBUTIONS**

Upon approval of the application, contributions of annual leave will be solicited within the department first. Solicitations will be as anonymous as possible. If the department cannot generate sufficient contributions, additional donations may be sought from other departments if approved by the executive directors of the departments involved.

Contributions must be made from accrued annual leave. A minimum donation of one day of accrued annual leave is required. (The employee is encouraged to keep some balance for personal need.)

Contributions are voluntary and confidential.

When more contributions are available than needed, they will (1) no longer be accepted when the amount needed has been received, or (2) donors will receive a proportionate refund (number of extra hours / number of donors).



## **Sample**

### **SOLICITATION FOR DIRECT TRANSFER PROGRAM**

Case # LS-23 involves a 15 year employee in the Widget Division who needs two months of donated leave. The employee's spouse was involved in a serious car accident and broke both legs and arms. The spouse was released from the hospital two weeks ago and the employee is required to be at home full time to care for the spouse. Donations for Case # LS-23 must be made on the appropriate form by May 15. Donation forms may be obtained from the human resources office.

**Sample**

## **ANNUAL LEAVE SHARING DIRECT TRANSFER PROGRAM**

### **Annual Leave Contribution**

Please type or print legibly in ink.

Name \_\_\_\_\_  
(last) (first)

Social Security Number \_\_\_\_\_ Class Title \_\_\_\_\_

Department/Agency \_\_\_\_\_

Division \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_  
\_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_: % Time \_\_\_\_\_

Number of hours \_\_\_\_\_ donated to announcement # \_\_\_\_\_

I understand that my contribution is voluntary and that my annual leave balance will be decreased by the amount contributed. I certify that my contribution will not result in a negative leave balance. I understand that my contribution is confidential.

\_\_\_\_\_  
\_\_\_\_\_  
Date

Signature

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FOR AGENCY USE:

The above named employee's annual leave balance has been reduced by \_\_\_\_\_ hours.

\_\_\_\_\_  
Authorized Agency Signature Date

## **ANNUAL LEAVE SHARING DIRECT TRANSFER PROGRAM**

### **REQUIREMENTS AND CONDITIONS FOR APPLICATION:**

- < Application can be made for either personal use or for care of an immediate family member.
- < Applicants must have one year of service before applying for transferred leave.
- < Applicants must have exhausted all annual and sick leave.
- < Requests must be made for reasons listed under the purpose of the program. Normal pregnancy, common illness, coverage by Short-term Disability benefits and leave, Worker's Compensation, or PERA disability are excluded.
- < Application does not constitute approval of the request.
- < Performance, tenure, and leave usage patterns may be considered in the decision to grant or deny the application.
- < All or a portion of the time requested may be granted.
- < Non-selection is not a determination that a situation is not a personal emergency. It should not prohibit other possible solutions, e.g., leave-without-pay, etc.
- < The decision is final with no grievance or appeal.
- < If approved, the granted leave is meant to cover only the duration of the illness or injury for which it was collected. The granted leave will be counted concurrently against any family/medical leave. If the situation ceases or the recipient terminates/retires, any unused portion of the leave collected will be forfeited.
- < If approved, solicitations will be as anonymous as possible. Donations will be confidential.

### **INSTRUCTIONS:**

1. Applications must be made in writing on the appropriate form (attached).
2. Supporting documents to accompany the application may include records of performance and leave usage because performance, leave usage patterns, and tenure may be considered in the decision. Letters of support may also be included.

Sample

## ANNUAL LEAVE SHARING DIRECT TRANSFER PROGRAM

### Application For Use of Transferred Leave

**PART I** -- To be completed by employee (please type or print legibly in ink).

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address/City/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Department/Agency \_\_\_\_\_ Division \_\_\_\_\_

Work Address/City/Zip \_\_\_\_\_

Class Title \_\_\_\_\_ Date permanent classified service began \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_: % Time \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

Request is for: Self \_\_\_ Child \_\_\_ Parent \_\_\_ Spouse \_\_\_ Other (explain) \_\_\_\_\_

Have you requested/applied for: Short-term Disability \_\_\_\_\_ Worker's Compensation \_\_\_\_\_  
Disability Retirement \_\_\_\_\_

Date illness or injury began \_\_\_\_\_ Anticipated duration \_\_\_\_\_ # of days requested \_\_\_\_\_

Date all sick and annual leave will be/was exhausted \_\_\_\_\_

Briefly describe the nature of illness or injury:

I hereby certify that I understand, agree to, and meet the requirements and conditions of the leave transfer program. Also, I hereby authorize the executive director or designee to obtain any necessary information concerning this application. I understand that denial of this application is not subject to grievance or appeal.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PART 2** -- To be completed by supervisor/appointing authority.

I hereby certify that, to the best of my knowledge, the above information is accurate. Also, I hereby certify that if the application is granted, authorization to use the leave is granted.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Appointing Authority Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 3 -- Attending Physician's Statement (please type or print legibly).**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Date first consulted for this condition \_\_\_\_\_

Briefly describe the nature and treatment of illness or injury:

Anticipated duration employee is unable to work due to own condition or direct care of family member:

From \_\_\_\_\_ Through \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PART 4 -- To be completed by agency human resources office.**

The above named employee has exhausted all annual and sick leave as of \_\_\_\_\_ and the employment information in Part 1 is accurate.

Agency Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR DEPARTMENT EXECUTIVE DIRECTOR USE**

Application for Case # \_\_\_\_\_ was received on \_\_\_\_\_ and a decision made to accept/reject (circle one). Notification of the decision was sent to the requesting employee and supervisor on \_\_\_\_\_. Solicitation of contributions for \_\_\_\_\_ released on \_\_\_\_\_. On \_\_\_\_\_, \_\_\_\_ hours of annual leave were transferred to the employee's sick leave balance and the donors' annual leave balances were adjusted accordingly.

Agency Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional comments:



## **Sample**

# **ANNUAL LEAVE SHARING BANK PROGRAM**

## **PURPOSE**

To establish a pool of annual leave for a qualifying employee experiencing a catastrophic medical hardship, either personally or by an immediate family member. Leave sharing is intended to provide some income protection when the employee will be absent from work for a prolonged period of time and has exhausted all annual and sick leave and other benefits.

A catastrophic illness or injury is one that poses a threat to life and requires inpatient, hospice or residential health care, such as cancer, major surgery, serious accident, heart attack, etc. Normal pregnancy, common illness, and illness/injury covered by Short-term Disability, PERA, or Worker's Compensation are excluded. This program is not intended to cover cases of abusive leave usage. Note: Any shared leave that is granted will be counted concurrently against any family/medical leave entitlement.

## **APPLICATION FOR LEAVE**

An employee with a minimum of one year of service, who has donated to the bank, is eligible to apply for bank leave. Application may be made for personal or an immediate family member need. For purposes of the leave bank program for an immediate family member, preference will be given to a child, parent, or spouse requiring the employee's direct care.

The applicant must have exhausted all annual and sick leave before applying to the bank.

Application must be made on the appropriate form provided by the department's human resources office. The application must be approved by the requesting employee's supervisor prior to submission.

## **GOVERNANCE**

The executive director shall approve or deny applications. *(If approved in advance by the state personnel director, this authority may be delegated so the designated position should be named here.)*

Decisions are based on the merits of each individual case using the following guidelines.

- < Requests must be for reasons listed under the purpose of the program, e.g., seriousness of the illness or injury, availability of other benefits, exhaustion of leave, etc.



- < In addition to the merits of the case, requests may be denied for a pattern of sick leave abuse as shown by documentation, incomplete application, refusal to supply requested information, or ineligibility.
- < Tenure and performance may be considered as documented by performance and employment histories.
- < Application does not require approval of the request. Non-selection is not a determination that the situation is not a personal emergency.
- < The applicant and/or supervisor may be contacted to obtain information regarding the request or invited to present the case.
- < The decision to approve or deny the application is final and not subject to grievance or appeal.
- < All or any portion of the requested time may be granted.
- < Awarded time is not transferable. In cases where the situation ceases to exist or the employee terminates/retires, any unused portion of the awarded leave must be returned to the bank.
- < Awarded time may be applied retroactively to the beginning of the leave-without-pay for the illness or injury for which it is granted.
- < Personnel procedures, which apply to paid leave apply to use of awarded time except that it is not part of the final payout for retirement or termination. For example, donations are from annual leave but are recorded as sick leave for the recipient.

## **CONTRIBUTIONS**

Solicitation and donations to the bank shall be during June or when the bank leave falls below the replenishment point (520 hours). If the bank cannot support the need, additional contributions will be solicited from the department first and then from other departments if approved by the executive directors of the departments involved.

Contributions must be made from accrued annual leave. A minimum donation of one day of annual leave is required. (The employee is encouraged to keep some balance for personal need.)

Contributions are voluntary, confidential, and non-refundable.

**Sample**

## **ANNUAL LEAVE SHARING BANK PROGRAM**

### **Annual Leave Contribution**

Please type or print legibly in ink.

Name \_\_\_\_\_  
(last) (first)

Social Security Number \_\_\_\_\_ Class Title \_\_\_\_\_  
Department/Agency

Division \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address \_\_\_\_\_  
\_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_: % Time \_\_\_\_\_

Number of hours donated to the Leave Sharing Bank \_\_\_\_\_.

I understand that my contribution is voluntary and non-refundable. I understand that a minimum of one day of accrued annual leave is required and that my annual leave balance will be decreased by the amount contributed. I certify that my contribution will not result in a negative leave balance. I understand that my contribution is confidential.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
FOR AGENCY USE:

The above named employee's annual leave balance has been reduced by \_\_\_\_\_ hours.

\_\_\_\_\_  
Authorized Agency Signature Date

## **Sample**

# **ANNUAL LEAVE SHARING BANK PROGRAM**

## **REQUIREMENTS AND CONDITIONS FOR APPLICATION:**

- < Application can be made for either personal use or for care of an immediate family member.
- < Applicants must have one year of service before applying to the Leave Bank.
- < Applicants must have exhausted all annual and sick leave.
- < Requests must be made for reasons listed under the purpose of the program. Normal pregnancy, common illness, coverage by Short-term Disability, Worker's Compensation, or PERA disability are excluded.
- < Application does not constitute approval of the request.
- < Performance, tenure, and leave usage patterns may be considered in the decision to grant or deny the application.
- < All or a portion of the time requested may be granted.
- < Non-selection is not a determination that a situation is not a personal emergency. It should not prohibit other possible solutions, e.g., leave-without-pay, etc.
- < The decision is final with no grievance or appeal.
- < If approved, the granted leave is meant to cover only the duration of the illness or injury for which it was awarded. The granted leave will be counted concurrently against any family/medical leave entitlement. If the situation ceases or the recipient terminates/retires, any unused portion of the Bank leave must be returned to the Bank.

## **INSTRUCTIONS:**

1. Applications must be made in writing on the appropriate form (attached).
2. Supporting documents to accompany the application may include records of performance and leave usage because performance, leave usage patterns, and tenure may be considered in the decision. Letters of support may also be included.

Sample

## ANNUAL LEAVE SHARING BANK PROGRAM

### Application For Use of Bank Leave

**PART I** -- To be completed by employee (please type or print legibly in ink).

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address/City/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Department/Agency \_\_\_\_\_ Division \_\_\_\_\_

Work Address/City/Zip \_\_\_\_\_

Class Title \_\_\_\_\_ Date permanent classified service began \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_: % Time \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

Request is for: Self \_\_\_ Child \_\_\_ Parent \_\_\_ Spouse \_\_\_ Other (explain) \_\_\_\_\_

Have you requested/applied for: Short-term Disability \_\_\_\_\_ Worker's Compensation \_\_\_\_\_  
Disability Retirement \_\_\_\_\_

Date illness or injury began \_\_\_\_\_ Anticipated duration \_\_\_\_\_ # of days requested \_\_\_\_\_

Date all sick and annual leave will be/was exhausted \_\_\_\_\_

Briefly describe the nature of illness or injury:

I hereby certify that I understand, agree to, and meet the requirements and conditions of the Leave Bank program. Also, I hereby authorize the executive director or designee to obtain any necessary information concerning this application. I understand that denial of this application is not subject to grievance or appeal.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PART 2** -- To be completed by supervisor/appointing authority.

I hereby certify that, to the best of my knowledge, the above information is accurate. Also, I hereby certify that if the application is granted, authorization to use the leave is granted.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Appointing Authority Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 3 -- Attending Physician's Statement (please type or print legibly).**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Date first consulted for this condition \_\_\_\_\_

Briefly describe the nature and treatment of illness or injury:

Anticipated duration employee is unable to work due to own condition or direct care of family member:

From \_\_\_\_\_ Through \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PART 4 -- To be completed by agency human resources office.**

The above named employee has exhausted all annual and sick leave as of \_\_\_\_\_ and the employment information in Part 1 is accurate.

Agency Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR DEPARTMENT EXECUTIVE DIRECTOR USE**

Application was received on \_\_\_\_\_. A decision made to accept/reject (circle one) and \_\_\_\_\_ days were awarded from the Bank. Notification of the decision was sent to the requesting employee and supervisor on \_\_\_\_\_. Leave has been transferred to the employee's sick leave balance and the bank's leave balance has been adjusted accordingly.

Agency Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional comments:

